

City of Columbia
Social Services Funding Proposal Rating Sheet

Organization		Program		Commissioner	
---------------------	--	----------------	--	---------------------	--

Rating Scale: 1 = poor 2 = below average 3 = average 4 = above average 5 = superior

<u>Clarity and Accuracy of Proposal</u> Information submitted is clear and accurate Comments:	1 2 3 4 5
<u>Organization General</u> Mission and goals intended are inclusive of proposed services; History of providing effective services; Sufficient and qualified staff; sufficient number of board members including local representation on board; ADA compliant and accessible or acceptable accommodation and transition plans are in place Comments:	1 2 3 4 5
<u>Organization Financial Management</u> Appropriate type of financial statement assurance; Acceptable financial procedures including board oversight; accurate budgets that realistically report and project agency revenues and expenses; Acceptable level of other sources of funding; management and fundraising expenses are within reason; Sufficient but not excessive funds in reserve to support the agency Comments:	1 2 3 4 5
<u>Statement of Issue Being Addressed</u> Issue being addressed is clearly stated; Issue is identified and documented using reliable and valid data; Affected population is identified and described, including characteristics and demographics Comments:	1 2 3 4 5
<u>Description of Program Services</u> Detailed overview of the program service is provided including descriptions of the specific activities used in providing the program service; Program service proposed addresses the identified problem/need; As applicable, best practices and/or evidence based strategies are utilized and described. Comments:	1 2 3 4 5

<u>Target Population</u> Population to be served by the program and the reason(s) why they will be served are clearly outlined; Detailed information about trends and issues affecting the population is included. Comments:	1 2 3 4 5
<u>Program Service Need</u> Reason(s) why the proposed program service is needed in the community is clearly stated; If the program service is provided by other agencies/organizations, the reason(s) why the proposed program service is not duplicative is explained Comments:	1 2 3 4 5
<u>Funding Justification</u> Reason(s) why the issue should be addressed with City and/or County funding is clearly stated; Level of funding requested is clearly justified; If an increase in funding is requested, clear justification for the increase has been provided Comments:	1 2 3 4 5
<u>Program Budget</u> Program budget is accurate, complete, and reasonable; Expenses and revenues are in line and consistent across years Comments:	1 2 3 4 5
<u>Program Service Levels</u> Number of persons served, number of units of service provided, unit of service cost, units of service per individual, and cost per individual are reasonable and consistent across years Comments:	1 2 3 4 5
<u>Performance Measurement</u> Relevant, meaningful, realistic, and replicable performance measures are provided; Desired output and outcome results are being achieved Comments:	1 2 3 4 5

Total Score: _____